

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Mark V Construction. Inc.

ADDRESS

PO BOX 147

CITY

Abiquiu

STATE

NM

ZIP CODE

87510

PHONE

505-685-4626

FAX

505-685-4626

EMAIL:

jperraglio@cybermesa.com

PRIMARY CONTACT:

Tracy Perraglio

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise: _____

☒ Site Work

☐ Structural

☐ Carpet

☐ Mechanical

☒ Demolition

☐ Steel Fencing

☐ Roofing

☐ Clean Room

☐ Exterior Utilities

☐ Masonry

☐ Building

☐ Fire Protection

☐ Paint

☐ Mechanical (HVAC/Plumbing)

☐ Electrical

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

15 years

How many years has your organization been in the construction business under its present business name?

15 years

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Tracy Perraglio - President

Lisa Perraglio – Vice President

List the categories of work that your organization normally performs with its company personal.

Road Construction, Site Work, Utilities, Demolition, General Excavation, Wildlife Restoration/Rehabilitation

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

Boeckman, Wetland Project - \$136,000 – Contact Dan Yarbrough 852-0119

List your Trade References

Roy Honstein Oil Company
Espanola Mercantile

List your Surety company or your banking affiliates.

Valley National Bank

What is your organization's current bonding rate?

Single _____ Aggregate _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GF09, GS08, MS03

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Rate Type: Interstate _____, In-State ____x_____, Monopolistic _____

Insurance Carrier:

Builders Trust

What is your firm's North American Industrial Classification System (NAICS) code?

Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☒ Small Business ☐ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran
☐ Disabled Veteran ☐ HUBZone
Present number of employees
☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100